
ARMY NURSE CORPS NEWSLETTER

“Ready, Caring, and Proud”

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Message from the Chief



As I travel around and speak with many of our officers at a variety of locations, many of you have asked me about joining professional organizations. I want to take this opportunity to talk to you about the Army Nurse Corps Association (ANCA) and provide you a brief history of this organization, its purpose(s) and some information about membership requirements. In 1976, a group of retired Army Nurse Corps officers met in San Antonio and expressed a desire to continue the camaraderie and close ties of Army nurses and to establish a means of communication by, for and about Army nurses. The Retired Army Nurse Corps Association (RANCA) was incorporated in the state of Texas in 1977. In 2000, the name was changed to the Army Nurse Corps Association to better reflect the composition of the membership.

There are four main purposes of ANCA. The primary purpose for which ANCA was organized was to provide social and educational opportunities for its members; to fully cooperate with the Chief of the Army Nurse Corps in the dissemination of information to the public; to support the Army Nurse Corps by preserving the history of the United States Army Nurse Corps, and lastly to promote literary, educational, charitable

and artistic endeavors. The organization is organized exclusively for non-profit purposes, and no part of any earnings shall accrue to the benefit of any member, officer or director.

ANCA is an organization dedicated to bringing Army nurses together in social and professional settings.

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www.armymedicine.army.mil/otsg/nurse/index.htm

ANC Branch PERSCOM:

www.perscom.army.mil/ophsdan/default.htm

Membership requirements are that you have been, or are, an Army nurse either on active duty or in the reserve components. Also, any former members of the Army Nurse Corps who served on active duty or in active status in the reserve components and were honorably discharged may join. There is no length of service requirement to become a member.

You may be asking yourself “why should I join” or “what’s in it for me?” Membership provides you the opportunity to assist in maintaining the proud traditions of the Army Nurse Corps; to establish and renew friendships; and to join with other Army nurses in social and philanthropic activities to support U.S. Army and Department of Veterans Affairs causes and activities.

If you want to become a member, the application is attached at the end of this newsletter. You can mail it to:

The Army Nurse Corps Association
P.O. Box 39235
San Antonio, TX 78218-1235

Once a member, you will receive a member roster and a copy of the by laws. Each quarter ANCA publishes a quarterly newsletter, The Connection, to enhance communication among Army nurses. In addition, a periodic membership roster is published to promulgate networking opportunities. I encourage everyone to look at the opportunities afforded by ANCA in the many worthwhile endeavors they participate in. I encourage each of you to consider joining if you are not already a member.

Army Nurses are Ready, Caring, and Proud!

Bill Bester
Brigadier General
Chief, Army Nurse Corps

Article Submissions for the ANC Newsletter

The ANC Newsletter is published monthly to convey information and items of interest to all nurse corps officers. If you have an item that you feel would be of interest to your fellow ANCs, please e-mail to CPT Feider. The deadline for all submissions is the last week of the month prior to the month you want the item published. We reserve the right to edit and review any item submitted for publication. All officers are eligible to submit items for publication.

AC TO RC UPDATE
“Remembering One of Our Own”
CPT Michael D. Mullan
By LTC Ken Ferster
344th Combat Support Hospital
Fort Totten, NY



September 11, 2001 will remain as one of the most pivotal days in American History. Our lives were changed, our outlooks for the future were suddenly dimmed and our world as we knew it would never again be the same.

Let me take this opportunity to tell you the story of one Army Nurse Corps officer who gave his utmost in personal sacrifice on that fateful day in September-CPT Michael D. Mullan. CPT Mullan was a Reserve Army Nurse Corps officer assigned to the 344th Combat Support Hospital. Our unit is located in upper Queens at Fort Totten, NYC. Mike worked as an Emergency Room nurse at Mercy Medical Center, in Rockville Center and was a New York City Fireman in lower Manhattan. I always thought of Mike as a miniature Arnold Swartznegger. He kept himself in top physical shape in order to carry the heavy fire and rescue equipment into burning buildings, and to carry anyone needing assistance. At the 344th CSH, he worked out of the S3 Operations office, which was across from mine. He would often come in on his own time to work and would come in my office to just sit and talk. He especially enjoyed the company of our Chief Nurse, COL Leslie Rice. On our long administrative evenings, Mike would bring in one of those thin New York City pizzas that you could not find anywhere in the world, but New York City. He would often tell his dry jokes between slices in that unmistakably Queens-Irish accent. COL Rice and I thoroughly enjoyed Michael's company.

On the morning of 11 September, Michael was on duty at Ladder Company 12 when they received the call. On their way to the disaster, they received a briefing about the enormity of the devastation. Mike pulled out his cell phone, called his father, and told him "it looks pretty bad dad, just wanted to call to tell you that I love you." Ladder Company 12 was assigned to provide search and rescue operations for the 15th through 19th floors at the Marriott Hotel, which was built between the two World Trade Center Towers. Seven firemen and one officer entered and went immediately to the 19th floor to begin search operations.

Shortly after reaching the 19th floor, the first of the Twin World Trade Center Towers came tumbling down. The force of the collapsing tower blew out most of the windows and doors in the Marriott Hotel while blowing the firemen down the stairwell. The word went out to evacuate the building. The eight firemen, along with several civilians, raced down the stairwell. When they reached the fifth floor tons of rubble blocked their escape. While trying to dig their way through, they heard a loud and clear "Mayday! Mayday!" from a fellow firemen from another Fire Company. Nobody from his fire company answered his call so Ladder Company 12 responded back. They asked where he was and he said he did not know because of all the dust.

Two of the firemen went back up to the 19th floor to recover their tools to help clear the rubble blocking their path; they would search for the downed firemen floor by floor as they came down. Michael instructed the other firemen to remain with the civilians while he went up looking for the downed firemen, his intentions were to meet the other firemen coming down in their sweep of the building. As the other firemen worked to clear the debris, the second Twin Tower collapsed crashing into the Marriott Hotel. The force of the second tower collapsing tore off most of the face of the Marriott exposing the stairwell to the outside. Unable to escape through the rubble, they slid down the exposed I-beams of the hotel to reach the bottom floor. They crawled over the rubble escaping to the street, which was now full of choking dust. All firemen and civilians in the stairwell escaped. Shortly afterward, the rest of the Marriott Hotel collapsed, trapping Michael and four other members from Ladder Company 12.

All of us at the 344th were glued to our radios. We heard that over 6000 civilians were missing, as with over 300 firemen and over 100 police officers. Our thoughts immediately went out to unit members who were firemen and policemen. However, especially for Michael, because we knew he was assigned to downtown Manhattan. Later that evening, we called his fire department and they gave us the news that Michael was among the missing. We never gave up hope that if anyone could survive under all that rubble, it would be Michael. He was extremely strong and had the heart of a champion. Nonetheless, on October 9th, we received word from his family that the fire department recovered Mike's body on Columbus Day; any hope we clung to was gone forever.

Michael Mullan was a dedicated Army Nurse Corps officer and New York City Firemen. He was a true Renaissance man;

he had a Black Belt in Karate and was extremely talented as a piano player and could rival his idols Elvis and Jerry Lee Lewis. He was also a diehard New York Yankees fan. At his wake was a New York Yankee's jersey with his name on the back and the number 12, representing his ladder company. What was truly noble about the uniform is that several New York Yankees who just returned from winning two games from the Seattle Mariners signed their names to the jersey. Michael was just one semester away from completing his BSN at Hunter College/Bellevue. At his funeral, Michael's nursing instructor, Fran McGuinness, said that Michael was truly her favorite student and he insisted on walking her home after evening class so she would arrive safely. She said she would be "OK." She walked alone but as she reached her apartment in lower Manhattan, she would turn and up the street under the corner lamppost would be Michael, arms folded watching out for her.

A family of a 12-year-old girl who broke her arm sent a letter of gratitude to the Mullan family. In the letter, it tells how Michael took care of their young daughter in the Emergency Room and spent 5 hours by her side using comforting words and calming her with his dry humor. As they left, Michael asked the young girl for her e-mail address; her mother was reluctant but gave it just the same. The next morning the young girl opened her e-mail and a get-well card was there from Michael.

This is who Michael Mullan was, a caring and compassionate nurse and fireman. At the funeral, Chaplain Peter Sousa of the 344th CSH said, "Michael could have made a choice and stayed in the stairwell but, in another sense, he did not have a choice because it would have been against who Michael was. He left the safety of the stairwell to search for his brother firemen."

Over 400 firemen from all over the country showed up for Michael's wake and funeral. I witnessed a brotherhood that is seldom seen in any other profession. In attendance were Firemen from Cleveland, Philadelphia, Baltimore, Florida, Dallas, and San Francisco. At the church, two large Ladder Fire trucks expanded their ladders over the street forming an arch; suspended from the two expanded ladders was a huge American flag blowing in the wind. BG Bill Bester, Chief of the Army Nurse Corps, with his lovely wife Cheryl, came to the wake and funeral. Michael's mother, who is a nurse herself, was overjoyed that BG Bester would take time out of his busy schedule to pay honor to her fallen son. CPT Michael Mullan's casket was carried from the church by four firemen from Ladder Company 12 and four soldiers from the 344th CSH and placed in the back of an open Fire Truck from Ladder Company 12. The sound of drums and bagpipes filled the air as hundreds of onlookers held their hands over their hearts, stood at attention and fought back tears. It proceeded slowly to the cemetery passing under the Ladder Truck's arch and the huge American Flag.

On October 20th, on a sunny afternoon, we buried CPT Michael D. Mullan with full military honors at Calvary

Cemetery in Queens NY. Rows of smartly dressed New York City Firemen stood at attention. BG Colt, Commander of the 77th RSC and BG Bill Bester stood in front of our ranks just opposite of the Honor Guard. As we stared numbly at the flag draped casket, M-16's fired their salute shattering the stillness, followed by a calm and the playing of dual taps, one from the Army, the other from the Fire Department. As taps played, the words that Michael had spoken to his father echoed in my mind, "...just called to tell you that I love you." If ever-great words were spoken, it is words of love to one another. So opposite are the words from our enemies that shout hate and advocate violence. Michael is gone but he will never be forgotten. As long as we have hands to hold and hearts to love, the Michael Mullans of this world will live on in our hearts forever. In the Gospel of John, he writes "no greater love can be shown than one who lays down his life for his brother." "Mayday! Mayday!" cried the downed firemen, Michael Mullan responded, "I'm coming brother."

May God Bless the Mullan Family and God Bless America.



NOTES FROM THE ANC HISTORIAN
MAJ Debbie Cox

Since September 11th 2001, all facets of business at OTSG, as throughout the rest of our Army, are focused on Operation Noble Eagle and Operation Enduring Freedom. The Office of Medical History, at the request of The Surgeon General, is in the process of capturing the history of the AMEDD in Operation Noble Eagle. Dr. John Greenwood, MAJ Bob Glisson, MS, and I have not only been working historical issues for TSG and his staff, but have also been collecting historical records, photographs, emails, AARs, situation reports, etc. from AMEDD personnel involved with the events surrounding Operation Noble Eagle. If you wish to donate materials you have collected, please forward to:

Office of Medical History
Skyline 5, Suite 401-B
5109 Leesburg Pike
Falls Church, VA 22041

We are currently documenting AMEDD soldier's personal accounts of 11 September and its aftermath. We have interviewed 67 AMEDD personnel out of a list of over 150 who were directly involved in the response to the attack on the Pentagon and the World Trade Center. [The list grows as we get names of additional AMEDD personnel who were involved in the incident.] Our nurses, medics, doctors, dentists, and technicians from all specialties within the AMEDD, as well as Navy and Air Force health care, truly came forward, met with destiny and made things happen to ensure that people were evacuated as soon as possible and received the care they needed.

As these histories are transcribed and edited, with the permission of the subjects, the written transcriptions will be made available. We are also coordinating with the U.S. Army Center of Military History and OSD History Office to produce a more formal history publication on this event. This brings me to the subject of Operation Enduring Freedom and the need for preservation of accurate and comprehensive accounts of ANC contributions during deployments. COL Iris West, in her service as the ANC Historian, put together the attached guidelines on page 15 & 16 of the newsletter for historical data collection for deploying nursing units. I've reprinted it here with the hopes that each of you will serve as a conduit to ensure your unit's operations and our ANC contributions to the war efforts are recorded. God bless you and God bless America.

MATERNAL CHILD HEALTH NURSING CONSULTANT UPDATE *LTC Ramona Fiorey*

I was fortunate enough to attend the Armed Forces District (AFD) ACOG/AWHONN Conference in Norfolk, Virginia in October. It was a very good conference that featured an array of excellent speakers and topics. Three nurses from Army facilities were speakers at the conference. Ms. Carol Nichols from Madigan Army Medical Center provided a well received presentation on generational differences of workers in the healthcare environment. Ms. Lisa Jones and CPT Carie Bussey, both from Madigan, did outstanding jobs presenting their scientific papers. Approximately 46 nurses attended the conference, ten of which were ANC officers. An informal meeting of Army nurses provided an opportunity for networking and discussion of issues. We were especially honored to have LTC (Ret) Cathy Campbell, AN, who is the new President-Elect of the national AWHONN organization, present at the meeting. LTC (Ret) Campbell is a strong advocate for the AFD of AWHONN. Having her in this leadership position will enhance our ability to strive for and achieve goals for the AFD. LTC (Ret) Campbell stressed the need to promote AWHONN to prospective members to help the AFD remain a strong organization. Nurses who have

served in the armed forces at any time and registered nurses who are employed by the federal government are eligible for membership, as well as nurses currently on active duty.

Applications are available on the AWHONN website at www.AWHONN.org. Applicants should note that they wish to join the AFD on the application. Members who are renewing membership should not only note the branch of service, but also write "AFD" or "Armed Forces District" on the renewal form. This ensures that dues are paid to the AFD and that members receive mailings specific to the AFD. LTC(Ret) Campbell also noted that many opportunities are available for members to participate on a national level.

MAJ Theresa Hendrix reported on plans that are already underway for the 2002 conference to be held in Honolulu, HI 19-22 October. It promises to be an outstanding conference, so start planning to submit a paper or poster for presentation next year! As always, the awards banquet was a high point of the AFD conference. **Congratulations to CPT Carie Bussey! She is the AWHONN Army Section Junior Nurse of the Year.** She also won the Founder's award for her case study and review of nursing interventions of a twin gestation cystic fibrosis patient. CPT Bussey is a staff nurse in Labor and Delivery at Madigan Army Medical Center.

It was disappointing to see few company grade officers present at the conference and few MTFs represented. Senior leaders and OB/GYN managers are encouraged to support sending junior officers to this conference. It is a great opportunity for them to participate in the professional organization for OB/GYN nurses and it promotes professional development.

Some of you may recall reviewing the proposed MEDCOM 715-R (obstetric admission history and physical) last summer. No plans for approving this form are currently underway. Input from the field indicated that the form was difficult to use and did not improve on present admission assessment tools. This goes to show that your input is important and is considered in decision-making! If you have an issue or questions, I can be reached at 253-968-1244 (commercial) or 782-1244 (DSN). My email address is ramona.fiorey@nw.amedd.army.mil.

NURSING RESEARCH UPDATE "Ongoing Evaluation of a Nurse Advice Line" *LTC Mike Custer*

In the last several years, Military Treatment Facilities (MTFs) have been faced with providing care on a capitated budget i.e., they are given a set amount of money and must determine their own priorities. If they run out of money there is no source for additional funds. Given this scenario, while maintaining high standards of medical care, it is imperative to lower costs for health care when less expensive, safe and more efficient methods of health care delivery are available. To this end, a research team of LTC Michael Custer, LTC Eva Horne, Dr. Mimi Roddy, Dr. Kathleen O'Rourke and Ms. Lettie

Sprinkle, fully funded by the TriService Nursing Research Program, Uniformed Services University of the Health Sciences, chose to study the effect of a Telephone Nurse Advice Line at William Beaumont Army Medical Center (WBAMC). Although nurses have used telephone technology in their practices for many years, nurse-run advice lines in managed health care settings are relatively new. Few studies have evaluated the effectiveness of nurse advice lines in the reduction of demand for medical services and its role in health promotion and disease prevention.

In March 1999, WBAMC instituted a telephone nursing advice system using standardized, validated triage protocols from Centromax M. Plus Software ®. This Tel-a-Nurse (TAN) line is staffed by registered nurses who use the protocols and algorithms to make a judgment on a patient's self-care capability. Based on the nursing assessment, the TAN staff may make a disposition ranging from the simple dispensation of health care information to a 911 emergency dispatch. In addition to these two extremes, nurses may also give self-care advice, non-urgent, immediate and urgent clinical appointments. The TAN nurses also encourage use of WBAMC as well as other outside resources that empower health care beneficiaries to utilize other resources that increase the competence of individuals and families for self-care. The TAN line offers a lower-cost, yet convenient access to health care professionals in the military managed care setting.

The goals of our study are to evaluate: 1. Patient use of the service; 2. TAN's impact on WBAMC medical services by decreasing inappropriate utilization and thereby saving money; 3. TAN's effect on patient health-seeking and disease prevention behavior; and 4. Patient satisfaction with the service. These goals translate into the following research activities:

1. We will summarize the number and variety of calls received by the TAN line within general and military demographic categories. We will compare those that use the service with all beneficiaries in the catchment area to create profiles of those most likely to use the service.
2. We will also evaluate the impact of TAN on patient demand for WBAMC medical services by looking at the trends in the number and types of appointments made at WBAMC. Here we hope to find cost savings associated when comparing the cost of the TAN line with a clinic visit that is saved. In addition, we will assess the perceptions of the providers regarding the appropriateness of the referrals.
3. We will look at TAN's impact on health seeking and prevention behavior by documenting the TAN referrals to the WBAMC Wellness Center and looking at that impact on the workload of the WBAMC Wellness Center as well as patient compliance rates with self-care advice. We will take a sample of TAN patients who were referred to the clinic and see if they actually went.
4. We will also look at patient satisfaction with the TAN service and evaluate the perceptions of those who utilize the service.

The Research Team will finish their data collection in December 2001, and begin the analysis phase of the study. There have been challenges in collecting data from the various clinics, the Emergency Room, and the Wellness Center but most of the difficulties have been overcome. From October 2000 through September 2001, 21,865 inbound calls were made to the TAN line for either symptoms or for information.

At the conclusion of the study, it is hoped the effectiveness of the TAN line in meeting the needs of patients and in reducing the demands for routine health care will be shown. For the money spent maintaining the line and paying the TAN nurses, does the military health care facility get an appropriate and effective service? We will compare the cost of the TAN line with the savings associated with potential clinic or ER visits that are avoided. It is hoped that this will help military leaders in making the best choices for efficient and cost effective services.

This research is sponsored by the TriService Nursing Research Program, Uniformed Services University of the Health Sciences; however, the information or content and conclusions do not necessarily represent the official position or policy of, nor should any official endorsement be inferred by, the TriService Nursing Research Program, Uniformed Services University of the Health Sciences, the Department of Defense, or the U.S. Government.

**FAMILY NURSE PRACTITIONER
CONSULTANT
*LTC Edgar Labrador***

The Family and Adult NP's continue to play a vital role in our health care delivery system. Current research and patient satisfaction surveys validate the high quality of care provided by nurse practitioners.

During the past several months I have received numerous inquiries relating to practice, licensure and assignment issues. The revision of AR 40-68 is currently being staffed and will provide further guidance on these issues. There have been several inquiries on the scope of practice and utilization of FNP's in non-traditional settings. The credentialing process usually provides the answer to the majority of these issues. If the FNP is credentialed to provide a certain level of care, the practice setting should not be an issue. For example, if the FNP treats acute and chronic illnesses in an outpatient clinic situation, the same level of care may be rendered in a field environment. Their credentials are valid in either setting. The availability of the physician supervisor for consultation must also be applied to each setting. The availability can be direct (geographically) or via other means of communications (i.e., phone, radio).

The proposed requirement for obtaining and maintaining state advanced practice licensure is currently being addressed by MEDCOM. MEDCOM is aware of the various practice issues between individual states and the challenges in obtaining licensure in our highly mobile environment. A committee

appointed by BG Bester, which includes consultants, JAG, QM, and other key MEDCOM personnel, has concluded that there is a legal obligation to have some form of advanced practice licensure or authority to practice. The leadership is cognizant of the numerous barriers in implementing such a requirement. The committee is developing implementation guidance. We are contacting each state in an effort to compare and contrast their individual requirements to obtain and maintain state licensure/authority to practice.

An attempt will be made to seek state or federal waivers in cases where states pose obstacles that do not permit licensure due to geographic location, state preceptorship requirements, prescriptive authority differences, or other barriers unique to military nurse practitioners. The current guidance provided to CN's during the October Nurse Corps VTC: no requirement for state licensure at this time. Once all the information from all states is evaluated and the waivers are in place, guidance on implementation will be issued to the field. This is a tremendous task and we must all be patient until implementation requirements are released.

I receive numerous inquiries relating to assignments. I have attempted to provide general information; however, these inquiries are best answered by assignments branch. LTC Haga-Hogston welcomes these inquiries and has all the information you need on making assignment and career decisions. The military preference form is also useful in relaying any special needs or concerns regarding assignments. These forms should be kept current at all times.

The advent of smaller budgets has had a significant impact on TDY funding for CME's/CEU's. It is also imperative that NP's receive this funding to maintain the high level of standards in maintaining national certification. Individuals utilizing the ANCC for national certification should note that effective 2002 the CME/CEU requirements increase from 75 hours to 150 hours. Additionally, 50% of those hours must come from ANCC sanctioned presentations. Innovation is a key factor. Utilization of third party collections for educational purposes have been accomplished at several facilities.

Lastly, I would like to mention the Uniform Nurse Practitioner Association (UNPA). As the title implies, this is an association of Army, Navy, Air Force, and Public Health Nurse Practitioners. The association is affiliated with the American Academy of Nurse Practitioners. Two days prior to this national conference, the UNPA meets to provide extra CME's and a chance to network with our sister services. Practice issues and solutions are shared. The flag officers from each service are invited annually to share some insights into our profession in the armed services. Break out sessions for each service provides an excellent opportunity to discuss practice or career issues with our Corps Chief. The UNPA keynote speaker this year was our own BG Bester. Information on conferences and membership can be accessed on line at UNPA.ORG.

As your consultant, feel free to contact me of any concerns or questions affecting your practice. You may contact me on MS Outlook or e-mail at
EDGAR.LABRADOR@SE.AMEDD.ARMY.MIL.

FUTURE READINESS OFFICER UPDATE
"SMART TIPS"
CPT Bob Gahol

Get A Better Understanding Of Your ORB!

The ORB is the historical road map of where you have been and what you have done. Board members closely scrutinize your ORB. It is important that your ORB is accurate, up-to-date and your correct duty titles are listed. Local MILPO/PSC prepare each officer's Board ORB for review and signature.

Board ORBs are different from regular ORBs in that some personal information is deleted in the upper, right corner. Verify your date of rank, active federal service, assignment history, awards, and military/civilian education levels. Also ensure the dates are accurate for PULHES (medical exam), last photo and last OER. When you update or make corrections, write neatly and sign the promotion ORB (with a black ink pen) once you completely review the data. Keeping your ORB updated requires continuous interaction with your MILPO/PSC. Being proactive prior to boards can prevent reactive, last minute changes which can reduce the impact of a clean, error-free board ORB. Remember it is each officer's responsibility to keep his/her ORB up to date by working with the local MILPO/PSC.

For more information on ORB, go to
http://www.perscom.army.mil/Optc/orb_test.htm.

38th Parallel Nurses Society
"Sharing and Caring Across Cultures"
LTC Lue Reeves

On 28 July 2001, members of the 38th Parallel Nurses Society (PNS) had the opportunity to tour one of the leading Medical Centers in South Korea, Samsung Medical Center (SMC). This facility is a 1263 bed, private, non-profit, tertiary hospital located in the south side of Seoul, which has a comprehensive array of clinical departments and wards. Their goal is to provide the best medical care and become a leader in medical research and education. SMC provides special medical care for eligible military beneficiaries that aren't available at the 121st General Hospital. SMC employs over 3800 personnel to include over 1000 registered nurses, 800 physicians, and an ancillary staff of 2000 includes nursing assistants, technicians and administrative personnel.

Our tour began with an elaborate video introduction to SMC. We then proceeded to the International Health Services (IHS) where all non-Koreans receive healthcare. IHS is an outpatient clinic with comfortable inpatient facilities. The English speaking staff is backed by all of the major clinical

departments of the hospital. In 2002 it will serve as the Medevac facility for the World Cup games.



At this point we split into two teams and continued with the tour. We visited the operating room, CCU, laboratory, NICU, labor and delivery, emergency room and various other wards. We were most impressed with the emergency room (ER) and the operating room (OR). The ER emulated a mini-hospital. It has an OR Suite, a 27-Bed Bay, one negative pressure room, a psych room, a pediatric room with 4 beds and a 20-bed holding area where patients wait to move into the bay area.

The OR is divided into three sections, the Main OR, Day Surgery Center and Less Invasive Surgery (LIS). The main OR suite has 23 rooms, a video monitoring system that provides security, lab, medical maintenance, and radiology. It has telemedicine capability that projects surgical procedures to other areas of the hospital as well as to other countries and is used in their teaching programs. Between the three sections they perform over 130 procedures a day, employ over 110 nurses, 15 Certified Registered Nurse Anesthetists (CRNAs), 10 attending Anesthesiologists with residents and medical students, medical maintenance, lab and radiology staff.

After touring the facility, members assembled in the auditorium to share ideas and promote collegial relationships with our Korean nursing colleagues. At this point the Director of Staff Development, Ms. In GAK Kwon introduced Dr. Young Hee Sung, Chief, Department of Nursing at SMC. Dr. Sung introduced her staff of head nurses to the group. We were happy to meet these head nurses for they gave up their day off to join us on a Saturday morning. After a few words from Dr. Sung, Ms. Kwon introduced COL Carol Pierce, Deputy Commander for Nursing (DCN), 18th MEDCOM and Chief Nurse, 121st General Hospital. COL Pierce addressed the audience thanking them for providing care to the soldiers and beneficiaries. She also encouraged continued alliance with the nurses at SMC and expressed appreciation on the part of our group for the educational opportunity to tour SMC.

Keeping the program on track, Ms. Kwon introduced the goals and ideals of SMC nursing. She gave the group a wonderful presentation highlighting many of the new innovations at SMC. Recently, a few wards have started using a portable computer system, which encompasses bedside charting,

doctor's orders, medications, x-ray, lab results as well as many other clinical needs. This computer system will soon expand to all wards. This is only one of the many innovations that the nurses at SMC have in mind for the future. The culmination of the goals and ideals for the nurses at SMC is to maintain a "patient-first" environment.

Presentations by members of the PNS began with CPT Nancy Rabago, Membership Chairperson. She wooed the audience with a history that contained original pictures of the 121st General Hospital. The 121st General Hospital was originally called the 121st Evacuation Hospital and first participated in the Korean War with the invasion at Inchon on 25 September 1950. The audience was guided through a journey of early conditions of the hospital and patient care during the Korean War and after. She ended with the future hospital plans for renovation to be completed in 2005.

The next speaker, CPT Yvette Gambrel, President PNS, presented a brief overview of the 38th Parallel Nurses Society. She explained the foundation of the 38th Parallel Nursing Society, expounding on its continuing educational programs, guest speakers, and social events for networking and fun. An invitation was then extended to our Korean nursing colleagues to become members of the 38th Parallel Nurses Society.

As education is the backbone to the nursing profession, our members wanted to share an educational topic of interest. Our final speaker, CPT Hyon Suk Quattlebaum, member PNS, provided the group with a very informative presentation on rhabdomyolysis. This subject definitely helped to expand our knowledge base and explained the condition of a few of our recent patients.

In keeping with Army tradition, COL Pierce concluded the program by presenting Dr. Sung with a plaque, an Army Nurse Corp coin, and a 38th Parallel Nursing Society coin. Next, all of the head nurses, staff development nurses, and tour guides were given certificates of appreciation as well as coins. Many pictures were taken at the end of the program and both groups expressed good feelings. As members of the 38th Parallel Nursing Society we felt we achieved our goal of sharing and expanding our knowledge base with our professional Korean colleagues as well as establishing friendships.

**DIRECTOR, HEALTH PROMOTION AND
WELLNESS, USACHPPM
*LTC(P) Gemryl L. Samuels***

In the wake of the 11 September attack on the Pentagon, the Directorate of Health Promotion and Wellness (DHPW) was tasked to participate in Operation Noble Eagle. A team consisting of three people including one Community Health Nurse was assigned as part of the North Atlantic Regional Medical Command (NARMC). Their mission was to initiate a complete and concise execution of a Post Disaster Health Assessment Survey to register injuries, illnesses and exposures resulting from the attack, as well as assist participants in

getting the help they needed. The DHPW team received the following tasking:

- a. Provide educational couplets for health assessment questions.
- b. Develop a Train-the-Trainer Program for survey team personnel going door-to-door to ensure survey completion.
- c. Develop a cover letter for web and Teleform surveys.
- d. Design a Health Care Provider (HCP) educational packet for distribution to National Capital Region Health Care Providers.

The team deployed on 10 October to the DiLorenzo Health Clinic to evaluate and tour the area, obtain maps for the Pentagon and prepare for the training. They provided the Train-the-Trainer classes on 11 and 12 October. A total of 29 active duty military personnel to include 16 Army, 11 Air Force and 2 Navy were trained. The group received a total of 12 hours of training. An entire afternoon was spent with group leaders in ensuring they were comfortable with their roles and responsibilities and capable of responding appropriately to group and participant's questions. The Program of Instruction included didactic instructions, completing the assessment, small group work and role-play. The group was provided with copies of informational letters, frequently asked questions, maps of the Pentagon and external sites where offices were relocated, tracking sheets for contacts, an excel spread sheet for statistical roll-up and a referral list of points of contact for questions they could not answer.

Prior to the deployment, the team reviewed the health assessment instrument to determine appropriate couplers for assessment questions. During the process, in addition to providing question couplers, the team made numerous suggestions for revision of the mental health questions and spent hours coordinating with the mental health experts for their buy-in on that portion of the instrument. Suggestions given were incorporated into the survey.

Information in a health assessment survey is sensitive. The potential exists that prospective participants will decline from completing the survey if they are aware that sensitive information such as mental health history and drug use will be available for others to see. In an effort to ensure the confidentiality of all information given on the survey, the team suggested that the actual answers to the survey not be included in the medical record, nor should health care providers have access to that information without the express permission of the participant. However, an SF 600 to alert medical personnel that the survey was taken will be placed in the medical records.

At first, the web-based assessment tool presented a challenge to the team. During the training, access to the tool was unavailable. However, by the time the training was complete the automated version was up and running. The paper version was always available for back up. The team got buy-in from the trainees after they were briefed and gained a clear

understanding of the who, what, when, where and why of the mission.

The DHPW team was prepared to deploy with a moments notice. They successfully completed the mission and provided a total of 25 Pentagon Disaster Response Products. Their contributions show the amazing possibilities that they possess, and I am pleased with their efforts. They came through for us and will do it again.

"THE TOUGHEST JOB I EVER LOVED"

CPT (P) Meg Sobieck

"What's the best job in the Army Nurse Corps? The one I just left!" I caught myself saying that again as I recently transitioned from my role as a ROTC Nurse Counselor to OIC of the Multi-Care Unit, 121st General Hospital, Seoul Korea. Interestingly enough, this week I woke up thinking that being a head nurse at the 121 is the best job I've ever had. Hmmmmmm. Clearly life just keeps getting better and I am grateful to have these opportunities.

Like most good things, they don't just happen. Usually there is some divine providence or mere mortal person that is involved. In my case, it was both. COL Joyce Jolly, Assistant Chief Nurse at the time, asked me if I would be interested in recruiting and told me about the Brigade Nurse Counselor position. I told her yes, absolutely. But not without some initial reservations. After all, what did I know about recruiting? I wasn't a marketer or sales person nor did I have any idea what or who a Brigade Nurse Counselor was. The entire opportunity was very obscure. Nonetheless, the adventurer in me said, 'take the job!'

And so I did. I traveled north from Texas, all the way up to Massachusetts, the birthplace of our nation. As a Brigade Staff Officer, I painfully learned my role within Cadet Command. The battalion, brigade, and region levels left me wishing I was back in the hospital instead of feeling like a fish out of water.

Despite the high learning curve, I truly loved the mission of promoting Army Nursing. As a Brigade Nurse Counselor, I was in charge of planning, coordinating and directing Army ROTC nurse recruiting, retention, and training programs throughout 6 New England states and upstate New York. I served as a nurse program advisor to the brigade commander as well as the battalion commanders and cadre in the field. As an Army Nurse Liaison Officer, I established and facilitated partnerships between cadre and educators. In addition, liaison efforts were targeted toward brigade recruiting teams, USA recruiters, 36 JRTOC units, and 1,200 high schools. Initially, most of my time was spent assessing and analyzing nurse market areas and then creating market strategies. The end result: Served as coach and counselor for over 100 Army Nurse students/cadets, leading to an annual commissioning average of 14+ Army Nurse Lieutenants. In the meantime, I meandered the thickly settled, windy New England roads and loved *almost* every minute of it.

Now, as I find myself back in the hospital setting, I recall the two years spent in my most challenging job and I am reminded of past lessons learned: #1) Invest in people; someone invested in me. #2) Learn your resources quickly for they are essential to mission accomplishment. #3) Challenge the mind and body; stay strong in order to serve. #4) Stay centered and remember to *CARE*; people can tell when you truly don't.

**THE 91W TRAINING PROGRAM AT IACH,
FT. RILEY, KANSAS**
LTC Nancy Soltez

The commanders from Irwin Army Community Hospital (IACH) and Ft. Riley have joined forces and linked with the local community on the 91W transition initiative, and the results are proving to be highly successful. IACH Commander, COL Arthur Wallace, and Ft. Riley Commander, MG Robert St. Onge, Jr., have dedicated resources to the 91W Training Program and partnered with Barton County Community College (BCCC) to ensure the highest level of training and educational opportunity for soldier medics.

The commanders created a Medical Cell (MC) at G3 to liaison requirements and resources between post and IACH. For the 91W transition mission, the MC monitors the number and location of soldiers that need 91W training, and they task units for course fill during the appropriate training cycle. At IACH, the Education & Professional Development (EPD) Division took the lead with the daily coordination, planning, and implementation of training requirements. Instructors were trained, coursework was developed and approved, and the installation now offers complete 91W training and sustainment on site. EPD staff also liaison with BCCC for instructor support and college credit for all components of the 91W training.

Due to Kansas State educational funding (that includes soldiers at Ft. Riley), BCCC can support the 91W classes with instructor assistance and offer college credit without cost to our soldiers or the installation. At present, all coursework has been approved by MEDCOM for MOS transition and by BCCC for college credits of ten for EMT-B, one for PHTLS, five for Trauma AIMS, and two for EMT-R.

Additional key players in the 91W Training Program who have provided critical resources are the post Education Center offering dedicated classroom space, Troop Schools with course sign-up, IACH Resource Management (RM) for MOA contracting support, and post RM for funding of textbooks, supplies, equipment, and National Registry fees.

The point man for this mission has been the EPD NCO, SSG Darrell Foreman. He immediately began initial data collection through the Personnel Division to find the MOS types, ranks, and estimates of the hundreds of soldiers on post that would require training. For more specific data, the MC later surveyed the Brigades using a 91W Transition Assessment Tool that determined what components of the 91W training

that the 450+ soldiers would need in the program. The MC also assisted to match the course dates with the red/green training cycles of the brigades. EPD remains in the lead, exhibiting stamina in the continuing challenge to obtain resources for the transition mission and to strategize for the maintenance and sustainment components of training for the 91W MOS.

In FY 01, we completed seven EMT-B classes, nine PHTLS classes, three Trauma AIMS classes, and one EMT Refresher class. For FY 02, we have consolidated the three required 91W transition classes into a "course" that also puts students into clinical rotations in the hospital. If a student completes both the classroom and clinical requirements, they will obtain both 91W transition and MPT credit. This year, we are offering eight consolidated 91W/MPT courses and an additional three PHTLS classes, two Trauma AIMS classes, four EMT-R classes, four MPT classes, and four EMT-H instructor classes.

The EPD department has been able to successfully incorporate the tasks of 91W training into our already demanding and increasing missions because of an exceptional unity of effort within and between Ft. Riley and IACH. With continued teamwork, we believe that we will continue to excel in this critical mission.

**DEPARTMENT OF NURSING SCIENCE
NEWS**

**Notification of Changes in the Advanced Nurse Leadership
Course (ANLC)**

The Advanced Nurse Leadership Course (ANLC) is being converted into a Distance Learning (DL) course due to major funding constraints. The ANLC will be separated into two distinct phases that will continue to focus on executive leadership skills for ANC officers and Department of Army Civilians.

Phase I is issued by the Nonresident Instruction Branch, AMEDD C&S, Fort Sam Houston, TX. The course content consists of three subcourses: Resource Management of the AMEDD Officers, Mobilization for AMEDD Personnel, and Medical Aspects of Military Law. It should take approximately 21 hours to complete all three courses. Each section has an examination, which needs to be completed and returned for credit. Upon successful completion of all three exams, a certificate will be issued by the Nonresident Instruction Branch and annotated in ATTRS. Enrollment will be available beginning 29 November 2001. The local Nursing/Hospital Education Department will manage enrollment for active duty ANs and DACs. Enrollment for reserve component ANs will be managed by MAJ Mary Link Fell, Nurse Corps Branch Chief, AR-PERSCOM at 1-800-325-4729 or mary.fell@arpstl.army.mil.

Upon completion of Phase I, participants must contact their local NESD or MAJ Fell to be scheduled to attend Phase II.

Phase II is a one-week Video Teletraining (VTT) Course broadcasted from the AMEDD C&S. Nursing Education Departments will coordinate the scheduling of the Phase II via VTT. NOT all sites have VTT capabilities but can be bridged with VTC sites. Local NESD shops should contact Ms. Velma Burrs at DSN 471- 6120 or via outlook for the web address site that lists all VTT sites. Phase II of ANLC consists of additional executive skills content that will be presented in a highly interactive and participative manner. Attendees are expected to attend all five days and complete all assignments for credit. Reserve component ANs have the option of attending the course at the AMEDD C&S, FSH, TX or at a local VTT site.

The dates and times of the Phase II of the ANLC are as follows:

March 4-8, 2002 (0730-1630)
May 6-10, 2002 (0730-1630) and
September 16-20, 2002 (0730-1630)

The March and the September sessions are scheduled on Eastern Standard Time and the May session is scheduled for Mountain Time. The Department of Nursing Science has requested funding for the OCONUS participants to attend the course at the AMEDD C&S, FSH, TX.

MAJ Irvin Carty is the point of contact for the ANLC and can be reached at Com: 210-221-6080, DSN 471 – 6080 or via outlook.

The Army Nurse Corps Association (A.N.C.A.) Advanced Military Practice Award

The Army Nurse Corps Association sponsors the Advanced Military Practice Award. This award honors a middle-range ANC officer who has contributed significantly to the practice of nursing during the past 2 years. This annual award is separate and distinct from any others that may be given for particularly outstanding duty performance. Individuals nominated may be any field grade AN officer (CPT(P), MAJ, LTC) except for Colonel or LTC(P) from any component - Active, USAR or ARNG. The nominating individual may be in the nominee's supervisory chain or a peer. However, nominations must include an endorsement by the nominee's chief nurse or senior rater. The nomination should be submitted in memorandum format and should not exceed two double spaced typed pages. Provide specific and factual information, giving a concrete description of what the officer accomplished, the impact of the accomplishment (improves cost benefit ratio, improves quality of care), what the significance of the project is to nursing practice and why this accomplishment merits recognition by the A.N.C.A. and the Chief, Army Nurse Corps. Nominations must be submitted by **21 December 2001** to Chief, Department of Nursing Science 2250 Stanley Rd., Suite 214 Fort Sam Houston, TX 78234-6140. Nominations will also be accepted by fax at CML (210) 221-8114/DSN 471-8114. The letter of Instruction of the A.N.C.A. Advanced Military Practice Award, Standard Operating Procedures, and a sample memorandum are available on the ANC website

<http://www.armymedicine.army.mil/ots/nurse/index.htm> or by calling the Department of Nursing Science at DSN 471-8231/CML (210) 221-8231.

Community Health Nurses – Defining Roles in Surveillance and Prevention *LTC(P) Sandra L. Goins*

September 11 changed our world. Many Americans lost mothers, fathers, sisters, brothers and friends in this national tragedy. But our nation is strong and our people are resilient. Throughout the history of our nation, we have a well-earned reputation for pulling together in the worst of times and the best of times to help each other.

Immediately following those events, the Centers for Disease Control and Prevention recommended heightened surveillance for any unusual disease occurrences or increased number of illnesses that might be associated with terrorist attacks. Subsequently, cases of anthrax in Florida, New York and Washington, D.C. have demonstrated the risks associated with intentional release of biologic agents.

Key surveillance and prevention efforts are ongoing by the Army Medical Department to ensure the health and safety of our beneficiaries and communities. I am very happy to share with you that Community Health Nurses at WRAMC, under the leadership of COL Adeline Washington, are actively participating in these initiatives.

MAJ Mendalose Harris, CHN, is part of an Army team conducting the Pentagon Post Disaster Health Assessment (PPDHA) survey that includes approximately 23,000 employees. The purpose of the survey is to look for potential health risks and to establish a baseline of symptoms and stress exhibited by the Pentagon employees.

CPT Dianne Paraoan, CHN, has the primary responsibility of monitoring the Electronic Surveillance System for Early Notification of Community-based Epidemics (ESSENCE) daily for the North Atlantic Regional Medical Command (NARMC). ESSENCE is a prototype system for early detection of infectious disease outbreaks at military treatment facilities (MTFs) developed by the Department of Defense-Global Emerging Infections System (DoD-GEIS). The system analyzes Ambulatory Data System (ADS) data to identify patterns that may indicate an outbreak of disease in its early stages.

On 29 October 2001, LTC Elmer Coombs and MAJ Kareece Larry, Community Health Nurses, were assigned to the newly established WRAMC Anthrax Exposure Clinic to help providers evaluate patients possibly exposed to anthrax identified in mailrooms at WRAIR and WRAMC. All personnel who work in these mailrooms are being seen and evaluated. Evaluation procedures recommended by the Centers for Disease Control and Prevention are being used.

Persons who worked in a mailroom with a positive environmental sample for anthrax receive 60 days of antibiotic prophylaxis. Antibiotic prophylaxis is also being given to personnel working in other mailrooms that have been sampled and will be continued if any environmental sample from the work area is positive. The level of exposure in the mailrooms appears to have been low because not a single person of the 145 evaluated has had a positive nasal smear. The community health nurses are involved in providing weekly clinic follow-up visits for two months and interim telephone calls to all patients seen in the clinic. LTC Coombs also developed a database that will be used for tracking and surveillance of these patients.

CPT Cheryl Capers, CHN, served on a team of approximately 10 WRAMC nurses that provided support for a Chem-Bio Force Protection Phonathon Tasking. The purpose of this tasking was to telephonically assess individual risk exposure to anthrax, provide laboratory test results and provide emotional support for over 6000 employees who worked at the US Capitol.

Finally, let me say that I applaud the fantastic job all are doing under these extraordinary circumstances. However, I hope that we will not just focus on the obvious environmental concerns. It is imperative that we keep planning and training so that we are prepared to meet the challenges in the coming days, weeks, and months ahead.

PERSCOM UPDATE

Army Nurse Corps Branch Web Page

The direct address for our web page is: www.perscom.army.mil/ophsdan/default.htm. Please visit our site to learn more about AN Branch, and for matters pertaining to your military career.

Upcoming Boards

27 Nov-07 Dec 01	LTC AMEDD Command
05-14 Dec 01	COL AMEDD Command
12-22 Feb 02	LTC AMEDD
05-15 Mar 02	CPT AMEDD & VI
14-21 May 02	MG/BG AMEDD
04-21 Jun 02	Senior Service College
09-19 Jul 02	COL AMEDD & RA Selection
09-26 Jul 02	Command & General Staff College

See PERSCOM Online (www.perscom.army.mil) for MILPER messages and more board information. To access the messages, go to PERSCOM online, double click "Hot Topics", then select MILPER Messages.

Milper Messages for **FY03 LTC AMEDD Command Board** (MM # 01-259) and **FY03 COL AMEDD Command Board** (MM # 02-001) are already available online. Command Preferences must be entered Online.

FY02 LTC AMEDD: 12-22 February 2002 (Milper Message #02-010)

Zones of Consideration:

	<u>MAJ date of rank</u>
Above the Zone	31 Jan 96 and earlier
Primary Zone	01 Feb 96 thru 30 Jun 97
Below the Zone	01 Jul 97 thru 01 Sep 98

OERs due to OER Branch, PERSCOM: NLT 05 February 02
Required "Thru Date" for Promotion Reports (Code 11) is 07 December 01

Required "Thru Date" for Code 21 Complete the Record
OERs: 07 December 02 (BZ eligible officers are not eligible for "Complete the Record" OER)

Letters to the President of the Board: due NLT 12 February 2002

Request for microfiche: e-mail: offrcds@hoffman.army.mil or fax: DSN 221-5204 / 703-325-5204.

Send DA Photos and signed Board ORB to CPT Gahol NLT 22 January 2002

POC is CPT Bob Gahol, AN Branch, PERSCOM, DSN 221-8124 / 703-325-8124 or gaholp@hoffman.army.mil

FY02 CPT AMEDD: 5-16 March 2002 (Milper Message not yet available)

Officers must have 12 months or more AFCS before the board convene date to be eligible for this board

	<u>1LT date of rank</u>
Above the Zone	31 Mar 00 and earlier
Primary Zone	01 Apr 00 thru 31 Mar 01

LTHET

The TWI nomination deadline has been **extended to 8 November 01** due to delays in U.S. mail service.

Officers selected to attend (FY02) LTHET must complete Phase 2 of the OAC prior to the start of school. OAC dates are:

6 January - 15 March 2002
24 March - 31 May 2002

LTHET report and start dates:

Program	Report Date	Start Date
Baylor (HCA)	1 June 2002	11 June 2002
USUHS (CRNA & FNP)	29 May 2002	10 June 2002
UTHHSC (CRNA)	2 June 2002	7 June 2002

OCONUS officers will be given report dates 14 days prior to the start of school if the losing command can support the action.

Officers who intend to apply for FY2003 LTHET and who do not have the OAC must submit a request for waiver. See the LTHET Guidelines (December 2001) for waiver due dates.

Transcript Updates

Officers should have transcripts mailed directly to AN Branch:

COMMANDER, PERSCOM
TAPC-OPH-AN, ROOM 9N47 (MAJ Lang)
200 STOVALL STREET
ALEXANDRIA, VA 22332-0417

Short Courses

To find out the updated class schedule, please visit the Army Nurse Corps branch web site at <http://www.perscom.army.mil/ophsdan/profdevt.htm>

To find the latest course schedules for military short courses check the following web sites:

C4 and C4A: www.dmrta.army.mil
 Chemical Casualty Course: www.ccc.apgea.army.mil
 HNLC and ANLDC: www.dns.amedd.army.mil/ANPD/index.htm

Preparation for TDY Courses

Just a friendly reminder, it is the responsibility of each unit to ensure that all officers going TDY are able to meet the Army's height/weight and APFT standards. For any course that generates an AER, officers must be able to pass these standards to be able to pass the course.

Officer Advanced Course

CPT Gahol at AN Branch schedules officers for Phase II of OAC once the officer has completed Phase I. OAC class dates for FY 02 is located at <http://www.perscom.army.mil/ophsdan/profdevt.htm>.

CGSC and CAS3 through the Reserves

Taking CGSC and CAS3 through the Reserves has become very popular and classes do fill quickly at the more popular locations and times. Please plan early. Send your completed 3838s, signed by your respective chain of command, and fax to LTC Jane Newman at DSN 221-2392, com. 703-325-2392 (newmanj@hoffman.army.mil). The web address is WWW-CGSC.army.mil. If you have ATRRS CGSC & CAS 3 related questions, the contact is Ms Jennifer West DSN 221-3159

Information for the Reserve Component (RC) CAS3 can be found on line. The information pertains to AD officers attending Reserve Component CAS 3. Points of contact (POC) for specific reserve component regions are listed. Please do not attempt to register on-line. Registration for CAS3 and CGSC must be processed through your respective local training chain of command. LTC Newman is the AN Branch POC. Ms Jennifer West (DSN 221-3161) is an additional POC for specific questions.

If you are currently enrolled in another service's CGSC or are contemplating signing up for another service's CGSC, please contact your PMO to discuss your plan.

Generic Course Guarantee

As you may know, the Generic Course Guarantee is a wonderful program offered to junior officers (those who qualify when they access to Active Duty) to receive specialized training in the Critical Care, Psychiatric-Mental Health, OB-GYN or Perioperative Nursing course with in their initial tour of duty (first 3-4 years on Active Duty). While it is very much encouraged for junior officers to take advantage of this super opportunity and attend one of the courses, there may be a misperception among some who have the Generic Course

Guarantee, that in order to remain competitive for promotion and career progression, they MUST accept the Generic Course Guarantee and attend one of the above listed courses. This is a misperception! Please keep in mind, the elements that make an officer's record competitive: good performance, meeting AR 600-9 standards, passing APFT, meeting career gates (i.e. AOC, CGSC, LTHET etc), diversity of positions (TDA, TO&E, clinical, staff etc). If you have any questions or concerns regarding the Generic Course Guarantee, please speak with your nursing chain of command (head nurse, section supervisor, chief nurse etc) or hospital education POC or contact LTC Hough, AN Branch at houghc@hoffman.army.mil.

Specification of a generic course guarantee must take place within a year of the officer coming on active duty (time starts when officer reports to active duty). Officers who enter active duty with no prior nursing experience, must have a minimum of **one-year nursing** experience before attending an AOC producing course. Officers who have prior nursing experience, must have at **least six months** Army nursing experience before specifying a course and must have at least one year remaining on active duty at the completion of the course. The courses available for attendance through the Generic Course Guarantee program are Critical Care, Psychiatric-Mental Health, OB-GYN, and Perioperative Nursing Course. Officers who desire to attend the Emergency Nursing course (M5) or Community Health Nursing course, must decline their Generic Course Guarantee.

AOC/ASI Producing Courses POCs

Critical Care Course, Emergency Nursing Course, Psychiatric-Mental Health and OB-GYN Nursing Course Manager: LTC Hough at houghc@hoffman.army.mil

Perioperative Nursing Course Manager: LTC Newman at newmanj@hoffman.army.mil.

Community Health: LTC Ross at rossa@hoffman.army.mil

There are seats still available in the following courses:

--JAN 02 Critical Care Course at MAMC
 --JAN 02 Psychiatric-Mental Health Course at WRAMC
 --FEB 02 OB-GYN Nursing Course at TAMC

Please see your facility's Nursing Education Representative or nursing chain of command if you are interested in attending. Please note FY02 AOC/ASI Course dates are listed at <http://www.perscom.army.mil/ophsdan/profdevt.htm>.

66F/66E Assignment Opportunities

Assignment opportunities are available for 66Fs and 66E's in Alaska, Ft. Polk, Ft. Riley, Ft. Stewart, WRAMC, Ft. Knox and Ft. Bliss next summer. Follow on assignments are negotiable. Immediate needs are Ft. Carson and Heidelberg in FORSCOM units, December 2001. Europe and Korea continue to be options for the future. For these and other opportunities please inquire to LTC Newman, newmanj@hoffman.army.mil.

Assignment Opportunities for 66H Lieutenants

Invest in AMERICA!!! TO&E assignments available for motivated 66H LT's at Ft. Hood, TX, Ft. Bragg, NC, Ft. Campbell, KY, Ft. Carson, CO for Spring/Summer 02. Being TO&E assigned is a wonderful opportunity to experience a different kind of nursing, enjoy career diversity (not to mention TO&E assignments are career enhancing and can make records more competitive) and travel. If interested, please contact LTC Charly Hough, PMO for 66H LT's and new accessions, email houghc@hoffman.army.mil

Assignment Opportunities for Captains

Please take note of the eight FORSCOM positions posted on the website. There are currently 18 new positions in the U.S. Army available to nurses (CPT 66H8A/M5). These nurses will be assigned to an Area Support Medical Battalion/Area Support Medical Company or Forward Support Battalion. During peacetime, the nurse is in charge of evaluating the training needs of the 91W medics in the division, organizing and developing training programs and providing the required MOS sustainment training. During deployment, the nurse is accountable for the tactical operation of the Patient Holding Unit. If you would be interested in one of these nontraditional assignments please notify your chief nurse and contact MAJ Greta Krapohl at krapohl@hoffman.army.mil

AN BRANCH PERSONNEL E-MAIL ADDRESSES

Please note that our e-mail addresses are not linked with the MEDCOM e-mail address list. We continue to receive numerous calls from the field about "undeliverable" messages when you try to send us e-mail messages. Our e-mail addresses are as follows:

COL Feeney-Jones feeneys@hoffman.army.mil	MAJ Krapohl krapohl@hoffman.army.mil
LTC Haga-Hogston hagas@hoffman.army.mil	MAJ Lang langg@hoffman.army.mil
LTC Newman newmanj@hoffman.army.mil	CPT Gahol gaholp@hoffman.army.mil
LTC Hough houghc@hoffman.army.mil	Ms. Bolton boltonv@hoffman.army.mil
LTC Ross rossa@hoffman.army.mil	Mr. Shell shellj@hoffman.army.mil

Mr James Baker, AN Branch Strength Manager has been activated to active duty for two years. Please contact CPT Gahol for strength management issues.

NEWS FROM AROUND THE AMEDD
NEWS FROM AROUND THE AMEDD

PEDIATRIC NURSING SHORT COURSE

The "Pediatric Nursing Short Course" has been re-approved as a Continuing Health Education Activity for 78.3 contact hours. Please contact your local NESD, LTC Arlene Simmons or LTC Joyce Burns for further information.

***"BRANSON HONORS THE
ARMY NURSE CORPS"***

During the week of November 6-12, Branson, MO will host its sixty-fifth annual Veterans Homecoming, the largest event in the nation commemorating Veterans Day, with 40,000 veterans, from all eras and all states, coming into Branson. Each year, a special group is "saluted". *The Army Nurse Corps has been selected as this year's "honoree"*. The calendar at www.veteranshomecoming.com shows this year's events in Branson. The POW Network organization is responsible for the "service" at the 5th Annual Military Gala & Banquet on 8 November aboard the showboat *Branson Bell*. This year plans to remember the Army Nurse Corps and those who can't join the group at that night's celebration—from all eras, all branches, all organizations, all losses. For more information, visit the web site above. The POC is COL (Ret) Betty Antilla at (301) 926-6857 or call (417)-337-8387.

***"The Nation's Health: Action Through Public
Policy"***
10th Washington Health Policy Institute

The Helene Fuld Health Policy Leadership Fellows Program including the Policy Institute conference is on 2-7 June 2002. **Scholarship application deadline is 21 December 2001.** This conference features speakers from Federal and State Health Agencies, Congressional Representatives, Media Experts, Influential Leaders and Organization Representatives from Washington D.C. All participants learn about political and policy process and strategies; factors influencing health policy; current state, federal and international health policy issues; political influence and the media; and policy-making frameworks and analysis. For more information contact Dr. Stephanie Ferguson, Program Director at (703) 993-1920, email: sfergus1@gmu.edu. The web site is <http://chpre.gmu.edu>.

***OPPORTUNITY KNOCKS FOR EXPERIENCED
AMEDD SOLDIERS***

With the transition of 91B to 91W and 91C to 91W M6 comes a unique opportunity for active duty and Reserve Component AMEDD soldiers. When the AMEDD Center and School implements the new 91W course, inputs for the early 2002 91W/M6 (91C) classes are anticipated to be lighter than usual. Class 01, beginning on 4 FEB, will receive students from the initial 91W classes which are smaller pilot training classes. AMEDD enlisted personnel may take advantage of this "one time" training seat availability and apply for training. This is an outstanding opportunity for those holding or having previously held 91B (91WY2) MOS to attend a training course that allows a soldier to take a national exam for licensure as a practical nurse (LPN) upon completion.

The course is fifty-two weeks in length with the first six weeks at FT Sam Houston. The classes cover anatomy & physiology, microbiology, nutrition, pharmacology, math and

the role of the M6 in the AMEDD. Phase II for class 01-02, 46 weeks, will be conducted at DDEAMC or MAMC. It includes 700 hours of didactic instruction in nursing fundamentals, documentation, pharmacology and an in-depth study of the cardiovascular, respiratory, musculoskeletal, GI/GU and reproductive body systems and associated disease processes. Over 900 hours of training are spent in the clinical arena and include medical-surgical, pediatrics, obstetrics, mental health, ICU and ER rotations. As well, a field-nursing component is included in order to apply the skills to the TO&E environment. It is recommended that you contact the 91C Branch NCOIC, DSN 471-8454, to determine at which site you may be assigned before making arrangements to move household goods and/or family.

The role of the M6/LPN is an essential component of military healthcare and also has prominence in the civilian sector. The Practical Nurse Course is an excellent foundation for further study and many graduates have pursued advanced nursing degrees after completing this program. Check with your Hospital Education Department and they will assist in the application process.

PUBLICATION

KUDOS

LTC Debra D. Mark, has published "Primary Care Outcomes and Provider Practice Styles", Military Medicine, 166: OCT, 2001, pp 875-880.

CPT Michael Schlicher, a University of Washington graduate student, recently published: "Using Liquid Ventilation to Treat Patients With Acute Respiratory Distress Syndrome." Critical Care Nurse, Oct. 2001: 21(5); 55-65.

MAJ Karen Dunlap and LTC Linda Wanzer from LRMC recently published "Medical Errors: A Patient Safety Guide" Surgical Services Management (AORN) October 2001 (volume 7, number 5) Pages: 17-27.

LTC Kathy Dolter, MEDCOM Chief, Outcomes Management and Practice Guideline Project Officer recently received acceptance for publication: Cretin, S., Farley, D.O., & **Dolter, K.J.**, Nicholas, W. Evaluating an integrated approach to clinical quality improvement: clinical guidelines, quality measurement, and a supportive system design. Medical Care.

Sponsoring Organizations:

- American Association of Colleges of Nursing
- Sigma Theta Tau International
- Agency for Healthcare Research and Quality
- American Academy of Nursing
- American Association of Critical-Care Nurses
- American Nephrology Nurses Association
- American Nurses Foundation
- American Organization of Nurse Executives
- American Psychiatric Nurses Association
- Association of Academic Health Centers
- Association of Women's Health, Obstetrics and Neonatal Nursing
- Eastern Nursing Research Society
- Emergency Nurses Association
- Friends of the NINR
- Midwest Nursing Research Society
- National Institute of Nursing Research
- National League for Nursing
- Oncology Nursing Society
- Southern Nursing Research Society
- TriService Nursing Research Program
- Western Institute of Nursing
- Wound, Ostomy, and Continence Nurses Society

CALL FOR ABSTRACTS

Advancing Nursing Practice Excellence:

State of the Science
25-28 September 2002
Washington D.C.

Purpose and Scope:

The specific purposes of the Congress include the following:

- Creating a national forum for communicating emerging scientific discoveries related to the nursing practice.
- Disseminating research findings that can influence practice, education, research and healthcare policies.
- Influencing the nursing research agenda of the future.

Papers, posters and symposia will be selected that particularly center around the following nursing research themes:

- Explanatory and intervention knowledge for health issues
- Health-related services and systems research
- Innovative models of evidence-based nursing practice and education
- Reducing disparities in vulnerable populations
- End-of-life and major life transitions issues
- Health promotion/wellness and disease prevention

General Information:

- Abstracts are to be submitted electronically through the Sigma Theta Tau International website (www.nursingsociety.org) no later than **Friday, 1 February 2002.**
- Abstracts for this Congress may be submitted beginning in October 2001.
- Only completed studies will be accepted for this Congress.
- Please visit the Sigma Theta Tau International website for the most recent information on the Congress.
- For questions, please e-mail research@stti.iupui.edu

JOURNALS AND JOURNAL FILES

Journal: A chronological record of events pertaining to a unit or a staff section during a given period.

- A. Journals are among the most important organizational records of an operational or historical nature. Journals may be recorded manually with pen and paper or electronically with computer. Journals and journal files are designed to do the following:
 1. Assist in a more efficient conduct of operations.
 2. Provide a ready reference for the commander and staff and for higher and lower headquarters.
 3. Serve as a record for historical research, training matters, and operational reviews.
 4. A ready reference from which an accurate and detailed after action may be written.
- B. Guidelines for maintaining a Journal:
 1. The amount of detail recorded in the journal will vary according to the quality of available personnel and the type of operations. Entries should be made daily as events occur and contain the date (to include year) and the time of event. A journal entry should not be altered except to correct typographical or similar errors. The officer who keeps the journal will initial all corrections (in the same manner as nursing notes are corrected). If an entry is incorrect, confusing or incomplete, a correction or addition in a later entry may be made with a cross-reference to the original entry. The documents (if applicable) that authorize the organizational or operational changes should be cited. The name and title of the individual maintaining the journal should appear on the journal. The unit, command, organization to which the journal pertains should be clearly identified.
 2. Documentation should begin with notification of deployment. The first entry should note the mission of the deployment. The last entry should cover the debriefing at the end of the mission.
 3. All important incidents should be recorded, as follows:
 - a. The time of receipt or transmission of important messages, orders, and reports.
 - b. Visits of higher commanders and staff officers and actions taken because of their visits
 - c. Absence of commanders or section chiefs from the command post, their destination, time of departure and time of return.
 - d. Conferences.
 - e. Start and finish of troop movements and the attachment and detachment of units.
 - f. Military operations or training exercises.
 4. A brief synopsis of written messages or orders should be included in the journal, and file copies of the originals included in the journal file. It is especially important that verbal messages or orders be entered in full.
 5. The following items could also be included in the journal:
 - a. Notes on conversations.
 - b. Observations on weather conditions.
 - c. Observations on other factors that influence the outcome of an operation.
 - d. Discussions of liaison activities.
 - e. Morale and factors affecting it.
 - f. How staff spend their time when not performing their primary jobs/duties.
 - g. Stressors present that affect staff or mission accomplishment.
 - h. Lessons learned: nursing issues, equipment issues, communication issues, etc.
 - i. Humorous anecdotes.

Journal File: A file containing material that supports entries in the journal. The journal file should include the information listed below:

- A. Copies of orders.
- B. Periodic reports of the unit and its subordinate and attached units.
- C. Available periodic reports of higher and adjacent units.

- D. Messages.
- E. Memorandums
- F. Conference/staff meeting notes.
- G. Personnel reports.
- H. Other statistics and data considered appropriate.
- I. Graphic materials including photographs/slides, maps, organization and flow charts, sketches, briefing charts or slides and overlays.

SECURITY CLASSIFICATION OF JOURNAL AND JOURNAL FILES

Generally speaking, most journals and journal files developed by the Chief Nurse will not need to be classified. However, this is an area that must be addressed. In determining if a security classification is needed, consideration should be given to the overall picture/story presented by the journal as well as the highest classification of any item contained therein.

The overall classification of a document or group of physically-connected documents shall be at least as high as that of the most highly classified component. (AR 380-5)

If, in the opinion of the Chief Nurse, the unit journal needs to be classified, she/he will mark the material with the appropriate classification and safeguard that journal. The next step is to transmit the journal under appropriate safeguards to a classification authority in the Chain of Command for evaluation. FORSCOM units would forward the journal to the FORSCOM Commander, ATTN: FORSCOM Chief Nurse. She would then forward the journal on to the Office of Medical History.

PERSONAL JOURNALS

Staff members should be encouraged to keep their own journals. Personal journal records provide the historian with fresh insights into the unit, mission and people that make up the unit. Additionally, personal journals provide staff with something to share with the folks back home.

DISPOSITION OF JOURNAL AND JOURNAL FILES

At the conclusion of the deployment the original of the journal and journal file should be maintained with the unit and filed in an 870-S file (see AR 340-18 for further guidance on filing system). A copy of the journal and journal file should be forwarded to the Army Nurse Corps at the following address:

Office of Medical History
5109 Leesburg Pike
Suite 401B
Falls Church, VA 22041

This official unit journal becomes the property of the United States Army. If anyone wishes to publish the journal or contents thereof, they must obtain permission from the Army.

Slides and photographs taken during the deployment are especially welcomed at the Office of Medical History as well. On request, the History Office will make copies and return original photographs and slides to their owner. When sending slides and photographs, please identify the places, faces, people in the pictures.

If you have questions about journals and their disposition call: (703) 681-2849 or DSN 761-2849.

REFERENCES:

Army Regulation 220-15, Field Organizations, Journals and Journal Files, DAHQ, effective 1 January 1984.

Army Regulation 870-5, Military History: Responsibilities, Policies, and Procedures, DAHQ, effective 1 November 1982.



MEMBERSHIP APPLICATION

ARMY NURSE CORPS ASSOCIATION
P.O. Box 39235
San Antonio, Texas 78218-1235
Phone/Fax: 210-650-3534 E-mail: RANCA@JUNO.COM

NAME: _____
LAST FIRST MI MAIDEN

SOCIAL SECURITY NUMBER: _____ ENTERED ARMY NURSE CORPS (Month/Year): _____

RANK AT RETIREMENT/SEPARATION _____ RETIREMENT/SEPARATION Day/Month/Year: _____
(Circle 1)

ADDRESS: Street: _____ Apt # _____

City: _____ State: _____ ZIP: _____

PHONE (For official use only): _____ E Mail: _____

NEXT OF KIN or POINT OF CONTACT _____ Relationship: _____

ADDRESS: Street: _____ Apt # _____

City: _____ State: _____ ZIP: _____ Phone: _____

CHECK IF YOU WERE A MEMBER OF THE ARMED FORCES (either active duty or USAR / NG not on active duty)
(either officer or enlisted) DURING ONE OR MORE OF THE FOLLOWING PERIODS:

WW II (7 Dec 1941 -31 Dec 1946) _____ VIETNAM (5 August 1964 - 7 May 1975) _____

KOREA (27 June 1950 -31 Jan 1955) _____ Persian Gulf War (2 Aug 1990-Present) _____

Date entered Armed Forces: (Month/Day/Year) _____

Check applicable statement below

- ____ Retired from active duty (Either Regular Army or Reserve officer)
____ Retired from Reserve / National Guard (Not from active duty)
____ Did not retire (Resigned or was separated)
____ Have not retired (Still on active duty). Present rank is _____
____ Have not retired (Still in Reserves / National Guard not on active duty). Present rank is _____

Are you a WRAIN graduate? If yes, year of graduation: _____

From 1 September 2000 to 31 August 2001, initial dues are \$40 (includes \$10 initiation fee) for 2001 and 2002

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Make check payable to ANCA and mail to above address.

DATE: _____ SIGNATURE: _____

=====Office use below=====

Treasurer: _____

Date Received: _____

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